MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

			ORM FI		Ċ	LAIMS						
AS FILED		AFTER AFT 1st AMENDMENT 2nd AMEN			TER	LAINS	*		•		•	
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
							51					-
							52					
							53	T				
	├-						54					
	1_						55					
							56					
							57				· ·	
							58			Ì		
							59					1
	ļ						60					
							61		 			
							62					
							63	 	 		 	+
				T			64	T	 		<u> </u>	+
						· -	65	+	 			1-
							66		†	1	 	+
							67		 		 	+-
							68			 	 -	1
		1					69	1		 	 	+
				T	 		70	 	<u> </u>	†	 	
							71		 	 		╁
			T		<u> </u>		72	 		+	1	+
							73	 	 	┼	 	+-
			1			1	74	- 	 		 	+
					 		75	-	 	-	-	╫
		<u> </u>			† 		76	+	 	 	 	
			†	 		1	77		 -	+	 	┼
		 		i —	 		78	 	 	+	 	-
			 		+	1 	79		}	 		┼
		 		 	 	1	80	+	 	 	 	+
		T			 	_	81	+	 	-	┼	
						1	82		├──	 	╁	+
				1	 	1	83		╁	 	- }	- -
			┧──-	 	·	1 1	84		 	 	+	-
			 	 		1	85		 	+	 	
	<u> </u>		†	 	 		86	- 		+	 	┼─
	1	 	 	 	 	1 —			 	-	+	
	1	 	†	 	-	1 —	88		 		 	-
	 	- 	+	├		+ 			 		ļ	
_	 	 		 		┪ ├─	89		 	-		-
	 	 	 	 		1 —	90		 	-	 	
	+	 	-	 	 	† 	91		 	 	 -	-
	1	 			- 	7 	92		 		-	+-
	+	 	 	 	+	1	93			-	 	-
	 	 	1	 	+	1 -	94			+	+	
	†	 	 	 		·	95		 	 -	 	-
	 	 	 	 	 	+	96				 	4
	 	 	 	 	 		97		 			-
	 	 	 	┼	 	-	98				+	-
	+		 	 	 		99		 	-		
ī	+	+	- 	 	 	-	100			-		
1,	J [<u></u>] [] [IND						
4	~ J	1	ب			TO	TAL			-		_
F	300		6033						2	1710000 ZrV	21	N. Sala
(3-78)	COLUMN TO SERVICE	<u></u>				IONAL CLA	TAL AIMS			EPARTMI		